



## FLEXRN INSURANCE WAIVER FORM

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FlexRN Employee,

This Waiver Form is to notify you that you are an employee eligible to receive Benefits thru our company and you have received our complete Benefits Packages we offer. FLEXRN is required to offer affordable healthcare that meets all of the ACA rules and regulations. We offer two healthcare options through Aetna that far exceed the "ACA Minimum Value". The month of October is our **Open Enrollment** Season.

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Our Records show that you have not chosen to have benefits thru our Company therefore you are **WAIVING** coverage, please indicate a reason why:

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- Spousal Coverage
- Individual Coverage
- Military Coverage
- COBRA
- Medicare as Primary under TEFRA
- No Coverage

If you have received this notice and would like to obtain benefits, please contact [Benefits@flexrn.com](mailto:Benefits@flexrn.com) for information on our current plans. Otherwise, please check the most correct box above and fax back to 888-482-0048 or email [Benefits@flexrn.com](mailto:Benefits@flexrn.com).

Full Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

## **Waiver of Insurance Coverage**

### **Medical- Notice of Special Enrollment Period**

If you are declining enrollment for yourself or your dependent(s) (including your spouse) because of other health insurance coverage, you may be able to enroll yourself or your dependent(s) in this plan in the future, provided that you request enrollment within 30 days of the termination date of your prior coverage. If you decline enrollment for yourself or your dependent(s) because of other health insurance coverage, you must complete the section titled "Other Health Insurance" on the Election Form to preserve your future enrollment rights.

If you decline coverage for yourself or a dependent(s) because of other health coverage and do not complete the "Other Health Insurance" section on the Election Form (or provide written proof from the other plan), or do not request enrollment in within 30 days after your (and/or) dependents' other coverage ends, you will not be eligible to enroll yourself or your dependent(s) during the enrollment period discussed above. You will then need to wait until the next open enrollment period (if applicable) to enroll in the plan's health coverage.

If you are currently declining coverage for you or your dependent(s), you can enroll yourself and/or your dependent(s) at a later date in accordance with the following special enrollment provisions:

- You and/or your dependent(s) are no longer eligible under your spouse's coverage:

Or because your spouse's employment or his/her group had been terminated;

Or you are divorced from your spouse; or

Or due to the death of your spouse.

- You are no longer eligible under your parent's coverage.

- You and/or your dependent(s) have coverage through another group but later become ineligible for coverage through the group (including COBRA participants).

- Your group health plan may also allow employees who are already enrolled for coverage to add dependents upon marriage, birth, adoption, and placement for adoption.

Please contact your Group Administrator for more detailed information on your group's Special Enrollment Provisions.

### **Non-Medical**

If you are voluntarily declining the non-medical coverage provided by your employer, you may choose to enroll at a later date depending upon the availability of coverage, which is now being waived.

Life/Disability: if you waive life or disability and later decide to enroll, the carrier may require you to provide, at your own expense, proof of insurability. Late enrollment may cause an increase in cost and submission of a health questionnaire. Carriers reserve the right to reject late entrant requests.

Dental: if you waive dental coverage and later decide to enroll, you may be subject to a late entrant penalty and your dental benefits may be limited for a period of time. The carrier may waive late entrant penalties if you lose coverage due to a termination of the plan, loss of employment, death of a spouse or where a court has ordered coverage be provided for an eligible spouse or eligible children, provided you apply within 30 days of the lifestyle change.